



Date: **May 1, 2008**

To: Commercial Software Vendors

Subject: Request for Information on Behavioral Health Electronic Health Record Systems

The Department of Mental Health (DMH) is surveying the marketplace for commercial software applications to support the administrative, billing and clinical needs of California's 58 county-operated Mental Health Plans. This document contains potential functional, business and technical requirements as well as instructions on how to submit responses to this request.

IMPORTANT INFORMATION – PLEASE READ BEFORE RESPONDING TO THIS RFI

- 1) DMH will not reimburse vendors for any costs associated with responding to this RFI.
- 2) DMH has no obligation to solicit or buy from any vendor as a result of this RFI.
- 3) Information provided in response to this RFI will not be considered when evaluating bidders responding to any future procurement either at County or State operations.
- 4) Information provided in response to this RFI related to any costing should be estimated costs, only to be used by DMH for informational and planning purposes, and understood not to be represented as a bid from the vendor.

We appreciate your time and consideration in reviewing and responding to this RFI. Any questions can be directed to me at Corina.Leon@dmh.ca.gov or (916) 654-5432.

Corina Leon
DMH Project Manager

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A. Request for Information (RFI) Purpose and Intent

Purpose

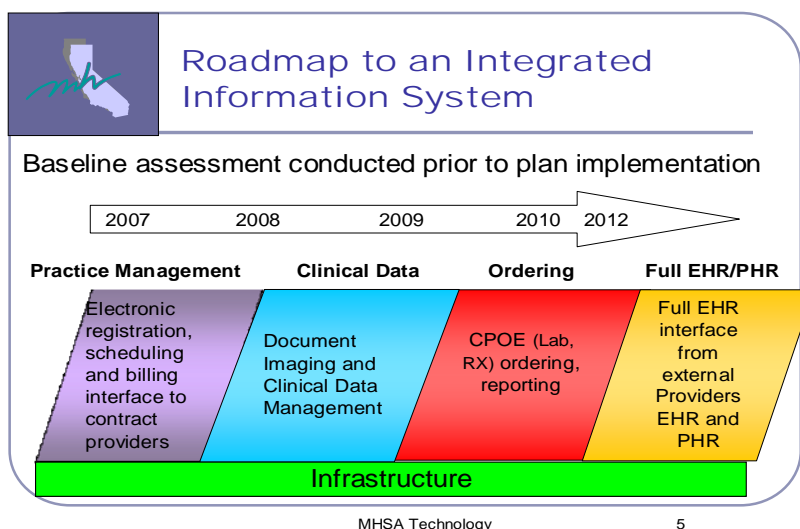
The purpose of this RFI is to solicit information from behavioral health software vendors about their products and associated product pricing/licensing models on behalf of the 58 California County Mental Health Plans. The information gathered via this RFI will be used to facilitate the Counties' contract, request-for-proposal and/or bid solicitation processes in support of their three year technology plans.

Intent

The Mental Health Services Act (MHSA) has provided funding for the County Mental Health Departments to upgrade their current Behavioral Health Systems in order to improve the quality of service to consumers by providing immediate access to data, electronic sharing and exchange of data, and interoperability. In an effort to provide the counties with a comparison of the different products on the market, the California Department of Mental Health, is releasing this RFI to interested vendors. The results of this RFI will be shared with the 58 California Counties as they embark on choosing the vendor and product(s) that will meet their individual county needs and align them with the statewide goals for Electronic Health Record implementation and interoperability.

Specifically, the intent of this RFI is to provide a mechanism for County Mental Health Departments to:

1. Evaluate the current offerings available to them assess the vendors' capabilities in a common platform of comparison
2. Determine the vendors' ability to work in partnership to achieve the long term goals of interoperability with a variety of electronic health records and personal health record configurations as described in the DMH Integrated Information System Roadmap.



B. Response Format

In order to aid in the consistency of responses received, vendors responding to this RFI are requested to:

1. Submit responses in Word format using 11 point Arial font.
2. Develop responses in near current or preferably current versions of Microsoft Office compatible application tools. At minimum, the following versions are acceptable: MS Word 2000, MS Excel 2000, MS PowerPoint 2000, MS Project 2000, and Visio Standard 2000.
3. Use Appendix A – Additional Documentation to include additional product specifications and/or additional information to support your responses. **Please ensure that each enclosure within Appendix A contains a reference to the section, requirement and/or question for which the additional information is being provided.**
4. Provide two (2) hard copies of the response, as well as any relevant product and/or corporate literature;
5. Provide one (1) soft copy of the entire response on CD-ROM.
6. Ensure that typed answers are provided to all questions.

IMPORTANT NOTE: To aid responding vendors in locating all response requirements, the numbered indicator “RR” is provided in each area where a response is required. RR’s are presented either in simple table formats for short responses, or as open questions requiring more of a descriptive textual response. Regardless of the type of question, vendors may append existing company or product literature to support, but not replace, their answer. Vendors are encouraged to use as much space or pages as necessary to provide answers to all questions.

Please ensure to reference the corresponding RR# and section number, letter, sub-item, or bullet item as appropriate in your response. If any specific question or item does not apply to your response, please indicate so by answering ‘N/A’ for Not Applicable.

Response Delivery

Responses to this RFI are due by 5:00 pm PST, mm/dd/yy. Please E-mail your response to **Corina Leon at Corina.Leon@dmh.ca.gov** or, if you choose to submit a hard-copy, it must be postmarked no later than mm/dd/yy and submitted with original signature to:

**Corina Leon
Project Manager
Dept. Of Mental Health
1600 9th Street
Sacramento, CA 95814**

C. Company Background and Experience

RR-C01 Please provide a general background and overview of your firm and its history; including as much information as deemed necessary to describe the strength of your firm and its ability to meet the needs of California's County Behavioral Health Programs. As components of your response, please provide the percentage of your firm's annual revenue directly resulting from behavioral health care solutions (as averaged over the past three years), the type of type of business entity your firm is registered as (C-Corp, S-Corp, LLC, Sole Proprietorship, Partnership, LLP, etc.), the state it is registered in, and the year of initial registration.

RR-C02 Please provide the following information regarding the makeup of your company.

Corporate Information	
Company Name	
Location of Corporate Headquarters	
Location of Field Support Offices	
Location of Programming/Technical Support Personnel	
Primary Contact Information	
Name	
Title	
Office/Location Address	
Phone Number	
E-mail Address	
Organization's Internet Home Page	

RR-C03 List the number of employees (full time equivalents) in your organization by category:

Category	# Employees
Total Employees	
Executives and Managers	
Marketing/Sales	
Installation	
Research and Development	
Application Support	
Technical Support	
Customer Service	
Other	
Those with clinical background:	
– Physicians	
– RNs	
– Other Clinicians	

RR-C04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

RR-C05 Provide your most recently completed fiscal year's audited financial statements and annual report.

RR-C06 How long has your company been in the business of developing, marketing and implementing your products?

RR-C07 What percent of revenue did your company expend for research and development on your proposed products during the last three fiscal years? What is budgeted for the current and next fiscal year?

D. Partner and/or Reseller Reference Requirements

RR-D01 Please list any strategic or tactical development, sales, support, delivery, consulting, or training partners and resellers.

RR-D02 Please identify the following in your response:

1. Functional areas and nature of partnership/relationship
2. Length of the relationship
3. Reference accounts delivered/fulfilled by partners or resellers, and a description of the nature of each engagement

E. Behavioral Health Solutions Experience

RR-E01 Please describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.

RR-E02 Please describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.

RR-E03 Please describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems.

RR-E04 Please describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems.

RR-E05 Please describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.

RR-E06 Please describe your firm's experience and qualifications for Business Process Reengineering and/or Business Process Improvement. Please include project specifics regarding:

- Processes impacted;
- Paybacks and/or savings achieved;
- Benefits achieved and performance measures used to gauge those benefits; and
- The average period of time over which payback was achieved.

RR-E07 Please describe your firm's experience and approach to the conversion of electronic behavioral health data based on similar implementations.

RR-E08 Please describe your firm's experience and approach to the conversions of paper-based behavioral health data based on similar implementations.

F. Solution Product History

RR-F01 Please provide information concerning the solution product(s) that you would propose to meet the requirements of a California County Behavioral Health Program.

#	Product Name and Primary Function	When First Developed	When / Where First Deployed	Number of Installations To Date
1				
2				
3				
4				

RR-F01 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source,
2. Major upgrades or feature enhancements, the timing of and reasons for those upgrades,
3. The current release that is in production at client sites, and any other planned new releases for 2008,
4. The specific Industry standards that the product was designed to, including any exceptions to those standards.

RR-F02 How are enhancement and new release priorities determined?

RR-F03 How are clients supported during the release of an enhancement?

RR-F04 What is the total number of client installations using your proposed system? Include the size of the client in terms of workload, people, and number of sites where the product was installed.

RR-F05 Describe any regularly held seminars or user group meetings available to users of your product. Please supply an invitation for the next such meeting.

G. Solution Product Technologies

RR-G01 In the following table, please provide the current technologies employed for each solution product identified above.

#	Product Name	Application Type (Client server, web, etc.)	Operating Systems Supported (MS, Unix, Linux, etc)	Databases Supported (MS SQL, Oracle, DB2, etc.)	Application Languages (VB Basic, Power Builder, Java, C, C++, C#, etc.)	Number of Logical Application Tiers and their Primary Functions
1						
2						

#	Product Name	Application Type (Client server, web, etc.)	Operating Systems Supported (MS, Unix, Linux, etc)	Databases Supported (MS SQL, Oracle, DB2, etc.)	Application Languages (VB Basic, Power Builder, Java, C, C++, C#, etc.)	Number of Logical Application Tiers and their Primary Functions
3						

Server Hardware Minimum Specifications

RR-G02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management etc.

Number of Servers	Primary Server Purpose	Operating System	Number of Processors per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)

Client Hardware Minimum Specifications

RR-G03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

Type of Client Hardware	Operating System	Processor Type / Speed (MHz)	Memory (Gig)	Browser Level (if applicable)	Required Disk Space (if applicable)

Peripheral Hardware Minimum Specifications

RR-G04 In the following table, please provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, etc.

Type of Peripheral Hardware	Operating System (if applicable)	Specifications/Characteristics

Minimum Network/Communication Specifications

RR-G05 In the following table, please provide the minimum network/communication technologies employed by your solution software products.

Type of Network/Communication Technology	Operating System (if applicable)	Specifications/Characteristics

System Backup/Recovery Considerations

RR-G06 Describe the system backup process.

RR-G07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

RR-G08 What backup schedule do you recommend?

RR-G09 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

RR-G10 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Data Archiving Considerations

RR-G11 Discuss data archiving and restoring from archive within all applications of the software.

RR-G12 What are the capabilities in restoring from archive?

RR-G13 What tools/media are used for archiving data?

System Interface Considerations

RR-G14 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

RR-G15 With what version of HL7 is your product compliant?

Data Security Considerations

RR-G16 Discuss your approach to data/information security, especially with regards to Internet technologies. Is it consistent with the latest industry approaches for encryption and authentication and support HIPAA compliance?

Software Quality Assurance

RR-G17 Please describe your firm's approach to software maintenance of your solution(s). Please include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products. Please also include discussion regarding your approach to user assistance services via Help Desk.

RR-G18 Please provide a copy of your Quality Assurance Guidelines for testing new software releases.

H. Functional Requirements

RR-H01 Please complete the CA Behavioral Health Functionality Survey spreadsheet that accompanies this RFI. The functional requirements in the survey are organized into the following categories of the DMH Integrated Information System Roadmap:

1. Infrastructure
2. Practice Management
3. Clinical Data Management
4. Computerized Provider Order Entry (CPOE)
5. Fully Interoperable Electronic Health Record (EHR)
6. Personal Health Record

For each requirement in the survey please indicate which of the following responses best describes your current solution.

Response Code	Response Title	Response Description
EX	Existing	The vendor's solution meets the functional requirement 'out of the box' as an existing component of its base product without any effort over and above code table configuration. This response indicates that no programming customization is required to meet the requirement.
PL	Planned	The vendor's solution does not presently meet the functional requirement 'out of the box', but an upgrade to the base product that will meet this requirement is planned within the next 12 months. This response indicates that no programming customization will be required to meet the requirement.
MOD	Modification	The vendor's solution does not meet the functional requirement 'out of the box', but will meet the functional requirement with a programming modification to the base product. NOTE: Please put the estimated number of programming hours in the Comments.
CD	Custom Development	The vendor's solution does not meet the functional requirement 'out of the box' nor with any level of modification to the existing code base. The vendor will meet this functional requirement by developing custom software. NOTE: Please put the estimated number of programming hours in the Comments.
TP	Third Party	The vendor's solution does not meet the functional requirement 'out of the box' nor with any level of customization, but will meet the functional requirement by integrating third party solution(s). NOTE: Please identify the 3rd party vendor and product in the Comments.
CM	Cannot Meet	The vendor cannot meet this functional requirement. Please indicate the reason why the requirement cannot be met in the Comments.

I. Implementation Planning

It is understood that, depending on the size and scope of a project, it may be necessary to organize the project into manageable phases so that each phase results in fully operational application modules that can stand alone and provide business value. Conversely is it possible that your entire solution be could implemented at once?

RR-I01 Please describe your suggested approach for implementing your solution including a rationale for your suggested best practices. Please include details regarding data conversion and training, and how these activities contribute to your suggested implementation approach.

RR-I02 In what timeframe after contract signing can your resources begin the project?

RR-I03 What is the typical implementation timeframe for the proposed products?

RR-I04 Do you offer a paper-chart conversion strategy? Please describe this conversion strategy in terms of historical paper based records and future transfer if necessary of data at contract end.

J. Training and Documentation

Training

RR-J01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

RR-J02 How often is training offered (as needed, or on a set calendar schedule)?

RR-J03 Please give the duration of each class, the location of training, associated costs, and the recommended number of people that should attend training.

RR-J04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

RR-J05 Who provides the proposed product training?

RR-J06 Do you provide Physician specific training?

Documentation

RR-J07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications)
2. User operator/system administrator manuals

3. Hardware/OS manuals
4. Training manuals (initial and ongoing user self-training)

RR-J08 Is the documentation available in hardcopy and on CD-ROM?

RR-J09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

K. Contractual Support

RR-K01 Please provide a copy of your standard contract.

RR-K02 At what point does the maintenance contract begin and any hardware/software warranty or installation/acceptance period end?

RR-K03 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?
2. Operating system and related environmental software?
3. Interface maintenance?
4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

RR-K04 What are your normal support hours (specify time zone)? Where is support staff located?

RR-K05 Which of the following support features are available?

1. Toll-free hotline
2. Remote monitoring
3. Remote diagnostics
4. Training tutorials
5. Web based support tracking
6. 24x7 software support
7. 24x7 hardware support

RR-K06 What is the response time for problems reported during:

1. Regular business hours?
2. Off-hours?

RR-K07 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

RR-K08 Please list the top 5 support questions you receive from your clients.

RR-K09 Describe your support process for evaluating and fixing “bugs” or problems in your software.

RR-K10 How would you coordinate problem analysis and resolution with other system vendors and/or other third party products?

RR-K11 Provide a guideline for the type of internal support that will be required at the County, for both the number of information systems personnel, by classification, and also non-information systems personnel (i.e., department-based). Please describe their roles and responsibilities.

RR-K12 What is the range and average for system downtime (scheduled and unscheduled) for your clients’ systems? How much system downtime is required during upgrades?

L. Cost and Licensing

RR-L01 Please describe your pricing and/or licensing models based on the various product functionalities listed above. It is not expected that pricing be provided in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

RR-L02 Please list any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

M. Suggested Levels of County Participation

RR-M01 Please describe your suggestions for County resource participation in accordance with your implementation approach. Please complete the table provided below by providing the names of the phases as well as the titles and level of Full Time Equivalent (FTE) County staff suggested by phase. Project staff title examples are provided below.

Phase #	Phase Name	Staff Title	Phase # of FTE
1		Project Director	
		Project Manager	
		Technical Manager	
		Database Administrator	
		Functional Track Manager	
		Subject Matter Expert	
		Legislation / Policy Coordinator	
		Conversion Manager	
		Conversion Coordinator	

Phase #	Phase Name	Staff Title	Phase # of FTE
		Network Manager	
		Training Manager	
		Training Coordinator	
		Training Materials Developer	
		Etc.	
2			

N. Risks and Issues

RR-N01 It is fully expected that Counties will encounter risks and issues that must be managed and mitigated. Based on your experience, please identify the most significant risks and issues that Counties are likely to encounter when implementing your solution. Please include a discussion of the expected and unexpected risks and issues that you have encountered so that Counties may gain some valuable insights from your prior experiences.

O. Project References

RR-O01 Please complete a minimum of three (3) of the following Project Reference Forms for previous implementations of your Behavioral Health system(s) that most closely approximate a CA County Behavioral Health setting, with at least one reference located in California. Please provide names and contact information for individuals who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, functionality, vendor support, documentation, and training.



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Project Reference Form

Vendor Name: _____ Contact/Name: _____

Date: _____ Phone: _____

Please complete all requested information on this form.

Client Name: _____ Contact Name: _____
Address: _____ Phone #: _____
_____ Fax #: _____

Project Name: _____
Project Objectives: _____

Processes Automated: _____

Vendor Firm's Involvement: _____

Client's Involvement: _____

Project Benefits: _____

Size of System: _____ # of Records: _____

of Users: _____ Size of Database: _____

of Workstations: _____ Name of DBMS: _____

of Geographically-disbursed Locations: _____

Type of Network (i.e., LAN and/or WAN): _____

Project Measurements:

Total Est. Cost: _____ Total Actual Cost: _____

Total Est. Hours: _____ Total Actual Hr.: _____

Est. Start & Completion Dates: _____ From: _____ To: _____

Actual Start & Completion Dates: _____ From: _____ To: _____

Vendor Name: _____ Contact/Name: _____

Department of Mental Health Services
Request for Information for Behavioral Health Electronic Health Record Systems
Project Reference Form

Client Name: _____ Phone #: _____
Date: _____

Complete the following items as applicable to the cited client reference:

1. Application Integration - Name/type of application integrated:

2. Data Conversion Media type converted: _____

Avg. record size converted: _____ # of records converted: _____

Time frame to complete conversion: From _____ To: _____

Methods/techniques used in conversion: _____

3. Software Maintenance

Role/responsibilities of Bidder in provision of software maintenance:

Maintenance period supported: From _____ To: _____

4. Data Communications Network Infrastructure (description of network utilized):

5. Success Statistics: If the answer to any of the following questions is yes, provide a textual understanding following the reference form to explain the situation.

Project/contract terminated prior to successful conclusion? Yes _____ No _____

Total billings increased by more than 10%: Yes _____ No _____

Delivery schedule increased by more than 90 days: Yes _____ No _____



Appendix A – Additional Documentation

DRAFT